

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

Reg. Dist. No. 2635390

20

1. PLACE OF DEATH
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME Edward H. Brown

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Ida T. Brown
7. Birth date of deceased (mo., day, yr.) May 8 - 1859 8. (c) If alive, give age 86 years
8. AGE: 86 Years 27 Months 27 Days If less than one day min.

9. Birthplace New Castle, England
(Town, county, and state)

10. Usual occupation Cabinet Maker

11. Industry or business Antique Furniture

12. Name Edw. H. Brown

13. Birthplace England

14. Maiden name Phoebe Pyrus

15. Birthplace Newcastle, England

16. Informant Edw. H. Brown
Address Easton Md

17. Burial Date thereof June 6, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematorium Hillcrest Cemetery
Location Federalburg Md
18. Funeral director John D. Williams
Address Easton Md
19. 65 19 45 M. S. Neerin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 45 at 12:25 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 45 to June 4 19 45 and that I last saw him alive on June 4 19 45

Immediate cause of death Embolism of leg DURATION 4 d
Due to Endocarditis, chronic 6 wks
Due to
Other conditions no

(Include pregnancy within 3 months of death)

Major findings of operations no Date of op.

Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. M. C. Stumes M.D. M. D. or other
Address Easton Md Date signed 6-4-45

RECEIVED
JUN 12 1945
BUREAU V.R.

VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. The correct age and date of death, and the cause of death, must be written in the space provided.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

06352
Reg. Dist. No. 290

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

William Jackson Bradley

3. (b) Social Security Number

4. Sex..... 5. Color of race..... 6.(a) Single, married, widowed, or divorced.....
Male White Married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... 6.(c) If alive, give age..... years
Nov 25, 1888

8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.
51

9. Birthplace.....
(City, county, and state)
Maiden Springs, Md.

10. Usual occupation.....
Farming

11. Industry or business

12. Name.....
Albert S. Bradley

13. Birthplace.....
Maiden Springs, Md.

14. Maiden name.....
Christiana W. Bradley

15. Birthplace.....
Maiden Springs, Md.

16. Informant.....
Mrs. Helen Bradley

Address.....
Oxford, Md.

17. Burial..... Date thereof.....
(Burial, cremation, or removal. Which?) (month) (day) (year)
6/9/45-

Cemetery or crematory.....
Oxford

Location.....
Oxford

18. Funeral director.....
Philo Williams

Address.....
Oxford, Md.

19. 6/8..... 45-..... N.H. Neuman.....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 19. 45 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 19. 35 to June 19. 45

and that I last saw him alive on June 7th 19. 45

Immediate cause of death..... DURATION
Failure of the heart 10 days

of the iliac vessels. 4 days

Due to.....
Hypertension with
congestive heart disease 10 4/5

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address.....

Date signed.....

RECEIVED
JUN 15 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

CERTIFICATE OF DEATH

06353

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town Belleve
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Belleve
(If outside city or town limits, write RURAL and give nearest town)

Street No. Maryland
(If rural give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Benjamin Franklin Castle

3. (b) Social Security Number

none

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 28 1875

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

69

6

12

hrs.

min.

6. Birthplace

Terry Neck, Talbot Co. Md

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

FATHER
MOTHER

12. Name

William Castle

13. Birthplace

Bozman, Talbot Co. Md.

14. Maiden name

Maria Joshua

15. Birthplace

Bozman, Talbot Co. Md.

16. Informant

B. Columbus Castle

Address

Belleve Md.

17.

Burial

Date thereof June 12, 1945

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cemetery

Location

Belleve Md.

18. Funeral director

Newman & Harrison

Address

St. Michaels, Md.

19.

June 12

19.

45 John Hurwiler

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 9, 1945 19 at 7:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27, 1945 19 to June 9, 1945 19

and that I last saw him alive on June 9, 1945 19

Immediate cause of death

Mitral Disease

Due to

Chr. Arthritis

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op. None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE

[Signature]

M. D. or other

Address St. Michaels, Md

Date signed 6.11.45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF ADOPTION

RECORDED
JUL 2 1966
CHICAGO, ILL.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06354

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 2

3. (a) FULL NAME

Jamie Chase

4. Sex

female

5. Color or race

black

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Douglas Chase

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

32 hrs. min.9. Birthplace Talbot Co. Md.

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business None12. Name Isaac Blake13. Birthplace Maryland14. Maiden name Varak Gibson15. Birthplace Maryland16. Informant Grace Smith (sister)Address Easton, Md.17. Burial Date thereof June 11, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory RichardsEaston, Md.Location R. Eliz. Clark, M.D.18. Funeral director Easton, Md.Address Easton, Md.19. 6/9/45 W. H. Dennis

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1945 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 1945 to June 8 1945and that I last saw him alive on June 8 1945

Immediate cause of death _____

Diabetes

Due to _____

20

Due to _____

20

Other conditions _____

20

(Include pregnancy within 3 months of death)

Major findings of operations _____

20

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 20

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. C. Stevens M.D.Address Easton, Md.Date signed 6-9-45

RECEIVED
JUN 15 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BP*

CERTIFICATE OF DEATH

Reg. Dist. No. *290*

1. PLACE OF DEATH:

County *TALBOT.*City or town *EASTON MD.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *60 years.*

Hospital, institution, or street address where death occurred:

HOME DOVER ST. EASTON, MD.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Talbot.*City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *623 Dove Street.*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE COXSON

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

C

6.(a) Single, married, widowed, or divorced

WIDOWED

6.(b) Name of husband or wife

1868

7. Birth date of

deceased (mo., day, yr.)

1888

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

77

hrs. min

9. Birthplace

EASTON, TALBOT Co. Md.

(Town, county, and state)

10. Usual occupation

LABOR HOUSE WORK.

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

WILLIE TAYLOR.

15. Birthplace

TALBOT Co. MD.

16. Informant

SUSIE KNOX.

Address

DOVER ST. EASTON, MD.

17.

*BURIAL*Date thereof *JUNE 4, 1945*

(Burial, cremation, or removal. Which?)

Cemetery or crematory

HAMMOND CEMETERY.

Location

EASTON, MD.

18. Funeral director

Earle W. Stafford

Address

Flowerwood & Washington St.

19.

(Date rec'd by registrar)

19.

Estlin B. Reier

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1, 1945 at *3:00* P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 30, 1945 to *June 1, 1945*and that I last saw him/her alive on *June 1, 1945*

Immediate cause of death

Interosclerotic Nephros

Due to

Cerebral Thrombosis

Due to

Hypertension

Other conditions

Generalized Interosclerotic

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

St. Nicholas

M. D. or other

REC-1110
JUN 12 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County TalbotCity or town Oxford-Town Creek bordering
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

HARRY

HARRISON

4. Sex

White

5. Color or race

Male

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 24-18936. (c) If alive, give age ✓ years

8. AGE:

Years

Months

Days

If less than one day

51723

hrs. min.

9. Birthplace

Digman Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Capt. freight boat

12. Name

Benjamin J. Harrison

13. Birthplace

Digman Md.

14. Maiden name

Duke Harrison

15. Birthplace

Crofters Island Md.

16. Informant

Ray Harrison

Address

Digman Md.

17.

(Burial, cremation, or removal, which?)

Burial

Date thereof

6-19-45

Cemetery or crematory

Digman Methodist

Location

Digman Md.

18. Funeral director

R. M. Marshall

Address

St. Michaels

19.

(Date rec'd by registrar)

June 29

19.

45Joseph A. Con

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

St. Charles

City or town

Digman
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 17 1945, at C. LA M21. I CERTIFY that death occurred on the date above stated; ~~EXHIBIT~~and that I last saw him alive on 19 19

Immediate cause of death

Coronary occlusionDURATION
immed.Due to Precipitated by struggling in water after falling overboard from work-boat

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lois P. Mott, Md. Dep. Med. Ex.

M. D. or other

Address Easton, Md.Date signed 6-18-45

RECEIVED
JUL 2 1945
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1912

CERTIFICATE OF DEATH

06357

Reg. Dist. No. 294

1. PLACE OF DEATH:

County TalbotCity or town Tilghman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Tilghman Ind.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Levin F. Harrison, Sr

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widower

6.(b) Name of husband or wife

Ida Mason

7. Birth date of

deceased (mo., day, yr.)

Feb 24 1869

8.(c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

7637

.....hrs.

.....min.

9. Birthplace

Talbot Co. Ind.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Fishing

FATHER

12. Name

Levin F. Harrison

13. Birthplace

Talbot Co. Ind.

MOTHER

14. Maiden name

Sarah Ann Haultner

15. Birthplace

Talbot Co. Ind.

16. Informant

Dobson Harrison

Address

Tilghman, Ind.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 5 1945
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Fairbank Ind.

18. Funeral director

Newnam & Harrison

Address

St. Michaels, Ind.

19.

(Date rec'd by registrar)

18 45G. Jackson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 45 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 40 to June 3 19 45
and that I last saw him alive on June 3 19 45

Immediate cause of death

vehement heart
with a confirmation

DURATION

3 1/2

Due to

Senile Dementia

Due to

Other conditions

chronic nephritis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Levin F. Harrison, Sr.

M. D. or other

Address

Tilghman Ind.Date signed June 5 1945

RECEIVED
JUL 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

 06358
 ★
 Reg. Dist. No. 290

1. PLACE OF DEATH:
 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 da.
 Hospital, institution or street address where death occurred: Easton Memorial Hospital
 How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Bozman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
Mrs. Catherine Haskins

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife William A. Haskins
 7. Birth date of deceased (mo., day, yr.) August 16th 1891 6.(c) If alive, give age 60 years
 8. AGE: Years 54 Months 9 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Salisbury N. Carolina
 (Town, county, and state)
Ill.

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Neugis
 13. Birthplace Nebraska

MOTHER 14. Maiden name Nebraska
 15. Birthplace _____

16. Informant Wm. Haskins
 Address Bozman Md.

17. Buried Date thereof June 15, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Forest Lawn
 Location Bedford, Va.

19. Funeral director John D. Mulligan
 Address Easton Md.

19. 6/13 19 45 N.H. Birney
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 1945 at 12:30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1945 to June 11 1945
 and that I last saw him alive on June 12 1945
 Immediate cause of death _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accidental, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Palmer M. D. or other
Ecclon Date signed 6/14/45
 Address _____

RECEIVED
JUN 22 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-10

CERTIFICATE OF DEATH

 06359
 ★
 Reg. Dist. No. 290

1. PLACE OF DEATH *Talbot*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
406 S. Washington St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Talbot*
 City or town.....*Easton*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*S. Washington St.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

EUGENIA S. HILL

3. (b) Social Security Number

4. Sex.....*Female* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Widowed*
 6. (b) Name of husband or wife.....*Louis M. Hill*
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....*Aug 1, 1868*
 8. AGE: Years.....*76* Months.....*10* Days.....*17* If less than one day..... hrs. min.

9. Birthplace.....*Talbot, Md.*
 (Town, county, and state)

10. Usual occupation.....*Widow*

11. Industry or business.....*at home*

12. Name.....*John Schuyler*

13. Birthplace.....*and*

14. Maiden name.....*Suzanne Dublin*

15. Birthplace.....*and*

16. Informant.....*Mrs. J. Edward White Jr. (Sister)*

Address.....*Baltimore, Md.*

17. Burial, cremation, or removal. Which?.....*Burial* Date thereof.....*June 30, 1945*
 (month) (day) (year)

Cemetery or crematory.....*Spring Hill*

Location.....*Easton, Md.*

18. Funeral director.....*J. Edgar Clark*

Address.....*Easton, Md.*

19. *6/20* 19 *45* *M. H. Meier*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*June 18* 19 *45* at *2:45* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*June 18* 19 *45*
 and that I last saw him alive on.....*6-17* 19 *45*

Immediate cause of death.....*Myocardial infarction* DURATION.....*2 weeks*

Due to.....*Chronic Myocarditis* ?

Due to.....*Arteriosclerosis* ?

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....*To be reported*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*J. Tyler Baker M.D.* M. D. or other

Address.....*Easton* Date signed.....*6-18-45*

RECEIVED

JUN 23 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

06360

FILM No. G 9 6 JUN 23 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County 1st Dist
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Easton Memorial Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Edger
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Barbara Ann Holmes

3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 2-8-44 6. (c) If alive, give age _____ years

8. AGE: Years 1 Months 3 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Denton Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Reg. Holmes

13. Birthplace Denton Md.

14. Maiden name Mildred Scott

15. Birthplace Md.

16. Informant Mildred Holmes

Address Ridgely Md.

17. Burial Burial Date thereof 6 7 45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Col. Cemetery

Location Denton Md.

18. Funeral director J. Virgil Moore

Address Denton Md.

19. 6/6 19 45 D. H. Nesrin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 5 19 45 at 5:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 3 19 45 to JUNE 5 19 45
and that I last saw her alive on JUNE 5 19 45

Immediate cause of death

Broncho pneumonia

Due to Mucoid Type-6

Due to pneumococcus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Louis J. Waller M. D. or other

Address Easton Md. Date signed 6-5-45

RECEIVED
JUN 19 1945
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59-2

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County... Tachat
 City or town... Grapple
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Md. County... Tachat
 City or town... Grapple
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Warner Jones

3. (b) Social Security Number

None.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Rosa M. Nichols

7. Birth date of deceased (mo., day, yr.)

Oct. 18, 1868

6. (c) If alive, give age

74 years

8. AGE:

Years

76

Months

7

Days

22

If less than one day

.....hrs.min.

9. Birthplace

Tachat Co. Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

Joseph H. Jones

13. Birthplace

Tachat Co. Md.

14. Maiden name

Martha Warner

15. Birthplace

Tachat Co. Md.

16. Informant

Rosa M. Jones

Address

Easton, Md.

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

June 12, 1945
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

Maurice E. Newman, Inc.

Address

Easton, Md.

19.

(Date rec'd by registrar)

June 10, 1945

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1945, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1926, to June 1945and that I last saw him alive on June 9th, 1945Immediate cause of death benign heart failure

DURATION

1 mo.Chronic arthritis of spineHip joint and ankles

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Shelton S. SeymourGrapple M. D. or otherAddress..... Date signed 6/11/45

RECEIVED
JUN 13 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Palbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 hrs. 55 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 8 hrs. 55 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Palbot
 City or town Priggle, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Lottie Myers

3. (b) Social Security Number

no

4. Sex Female 5. Color or race B 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Robert Myers
 yes yes 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) about 1883
 8. AGE: Years about 62 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Palbot Co
 (town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Same as above
 12. Name Robert Myers
 13. Birthplace Palbot Co
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant Wm. Myers
 Address Priggle, Md.
 17. Buried Date thereof 6/18/45
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Scott
 Location Priggle, Md.

18. Funeral director Wm. Stewart
 Address 402 E. Church St. Easton, Md.
 19. 6/17 19 45 H.H. Meekins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 45 at 2:15 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 45 to June 15 19 45
 and that I last saw him alive on June 15 19 45

Immediate cause of death apoplexy DURATION 2 da.
 Due to hypertension ?
 Due to arteriosclerosis ?
 Other conditions no
 (Include pregnancy within 3 months of death)

Major findings of operations no Date of op. no
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of no
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Wm. Stewart M. D. or other
 Address Easton, Md. Date signed 6/18

RECEIVED

JUN 21 1945

BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (292)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 hr. 45 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 1 hr. 45 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Mrs. Willie B. Polak

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

widow6.(b) Name of husband or wife Henri A. Polak

7. Birth date of deceased (mo., day, yr.)

June 11, 1885

6.(c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

6009

hrs.

min.

9. Birthplace

Davies Co. Kentucky
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Mr. Kirtley Y. Berkshire

13. Birthplace

Boone Co. Kentucky

14. Maiden name

Mary E. Allen

15. Birthplace

Davies Co. Kentucky

16. Informant

Frank B. Guntard

Address

Easton, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 24, 1945
(month) (day) (year)

Cemetery or crematory

Atlanta, Ga.

Location

Atlanta, Georgia

18. Funeral director

J. Ellis Clark, Inc.

Address

Easton, Md.

19.

(Date rec'd by registrar)

19. 45

W. H. Neer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19. 45 at 10 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10. 19. 19.

and that I last saw her alive on June 20 19. 45

Immediate cause of death

Myocardial failure

DURATION

Due to

Cerebral hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Lynn Baker M.D.

M. D. or other

Address

Date signed

RECEIVED
JUL 5 1945
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

 06364290
 ★
 Reg. Dist. No.

1. PLACE OF DEATH:
 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 da.
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton
 How long in hospital or institution? 13 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Grasonville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME John F. Seward

3. (b) Social Security Number
216-05-2113

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 8. (b) Name of husband or wife Florence Seward
 7. Birth date of deceased (mo., day, yr.) 1882 6. (c) If alive, give age 58 years

8. AGE: Years 63 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Co., Md.
 (Town, county, and state)

10. Usual occupation Foreman

11. Industry or business Lumber yard

FATHER 12. Name James Seward

13. Birthplace Talbot Co., Md.

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Elizabeth Miller

Address Grasonville, Md.

17. Burial Date thereof June 14 - 45
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Christenfield

Location Bentonsville, Md.

18. Funeral director Boston Bros.

Address Bentonsville, Md.

19. 6/12 19 45 M. H. Harris
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 45 at 9:50 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 19 45 to June 11 19 45 and that I last saw him alive on June 11 19 45.

Immediate cause of death Virus Pneumonia DURATION 13 da.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. H. Harris M. D. or other

Address Easton, Md. Date signed 6/12/45

RECEIVED

JUN 22 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *24*

CERTIFICATE OF DEATH

Reg. Dist. No. *290*

1. PLACE OF DEATH
County *Talbot*
City or town *Easton Rural*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *10 yrs*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Md* County *Talbot*
City or town *Easton Rural*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME *Louis Lee Shepherd*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Annie L. Cullen Shepherd*

7. Birth date of deceased (mo., day, yr.) *Jan 14 - 1870* 6. (c) If alive, give age *73* years

8. AGE: Years *75* Months *5* Days *-* If less than one day
hrs. min.

9. Birthplace *Cleveland, Ohio*
(town, county, and state)

10. Usual occupation *Retired*

11. Industry or business *Street Car Railroad*

12. Name *John J. Shepherd 2nd*

13. Birthplace *Cleveland Ohio*

14. Maiden name *Minerva A. Shepherd*

15. Birthplace *Cleveland, Ohio*

16. Informant *John J. Shepherd*

Address *Easton Md.*

17. Burial Date thereof *June 16 - 45*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Spring Hill Cemetery*

Location *Easton, Maryland*

18. Funeral director *John D. Williams*

Address *Easton Md.*

19. *6-14* *45* *W. H. Reine*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 14th* 19*45* at *5360* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 27* 19*45* to *June 14* 19*45* and that I last saw him *in* alive on *June 14* 19*45*

Immediate cause of death *Coronary thrombosis*

Due to

Due to

Other conditions *Chronic Myocarditis*

(Include pregnancy within 8 months of death)

Major findings of operations *no*

Date of op.

Autopsy results *no*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: *no*

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *B. M. C. Stearn M.D.*

Address *Easton Md.* Date signed *6-14-45*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 19 1945
U.S. AIR FORCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution or street address where death occurred:
Home for aged Women
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME

Elizabeth Ann Tufft

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow

B. (b) Name of husband or wife

W. T. Tufft

7. Birth date of deceased (mo., day, yr.)

June 3, 1851

8. AGE:

Years

Months

Days

If less than one day

94-10

hrs.

min.

9. Birthplace

Preston

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Henry Deane

13. Birthplace

Md.

MOTHER

14. Maiden name

Nancy Ann Preston

15. Birthplace

Md.

16. Informant

Wm. Tufft

Address

Preston

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

6/15/45
(month) (day) (year)

Cemetery or crematory

M. E. Cemetery

Location

Preston, Md.

18. Funeral director

W. H. Hallist & Son

Address

Preston, Md.

19.

6/14
(Date filed by registrar)

19

45N. H. Deane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 13 1945, at 105 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945, to 1945and that I last saw him alive on June 12 1945

Immediate cause of death

Acute Myocardial infarction

DURATION

Due to

Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. Baker M.D.

M. D. or other

Address

EastonDate signed 6-14-45

RECEIVED
JUN 19 1965
FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 hrs. 25 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 7 hrs. 25 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town St. Michaels, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Enos Westley Waters

3. (b) Social Security Number

4. Sex male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Separated
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) April 27, 1894 6. (c) If alive, give age _____ years
 8. AGE: Years 51 Months 2 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace East New Market, Md. Dorchester Co.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John W. Waters
 13. Birthplace East New Market, Md.
 MOTHER 14. Maiden name Melita Jane Leonard
 15. Birthplace East New Market, Md.

16. Informant Frederick Waters
 Address St. Michaels, Md.

17. Burial Date thereof 7-2-45
 (Burial, cremation, or removal. Which) (month) (day) (year)
 Cemetery or crematory St. Michaels Cemetery
St. Michaels, Md.
 Location Newnam & Harrison

18. Funeral director St. Michaels Ind.
 Address _____

19. 7/1/45 D. H. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 45 at 10 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-30 19 45 to 6-30 19 45
 and that I last saw him 1 A.M. alive on 6-30 19 45

Immediate cause of death Uremia

DURATION

5 days

Due to Uremia & stricture

Due to Urethral stricture
Duration: Unknown. Qu. G.P.

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE J. I. Baker M.D.
 Address Easton, Md. Date signed 6/30/45

RECEIVED

JUL 9 1945

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **291**

1. PLACE OF DEATH:

County **Talbot**
 City or town **Bogman Md**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **5 days**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Md** County
 City or town **Baltimore Md**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1205 Battery Ave Balto Md**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Preston L. Whitley

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **Married**

6.(b) Name of husband or wife **Anna M. Whitley**

7. Birth date of deceased (mo., day, yr.) **Oct. 25, 1902** 8.(c) If alive, give age years

8. AGE: Years **42** Months **7** Days **7** If less than one day hrs. min.

9. Birthplace **Baltimore, Md.**
 (Town, county, and state)

10. Usual occupation **Clerk**

11. Industry or business **Hink Tabor Co.**

12. Name **Edward Whitley**

13. Birthplace **Baltimore, Md.**

14. Maiden name **Katherine Lowe**

15. Birthplace **Baltimore Md**

16. Informant **Mrs. Anna M. Whitley**

Address **1205 Battery Ave., Baltimore Md**

17. Burial Date thereof **June 5, 1945**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Parkwood Cemetery**

Parkwood Md

Location

19. Funeral director **Bernard C. Haile**

Address **121 East West St Balto Md**

19. **June 4th 1945** **John H. Wales**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 1, 1945** at **3 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 1, 1945** to **June 1, 1945**

and that I last saw him alive on **June 1, 1945**

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE **J. H. Hope M.D.**

St. Michaels Md. M. D. or other

Address **6/1/45** Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1945
BUREAU F.B.I.

Prieman, Nicholas
6711 Linden Ave.
Chicago, Ill.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot
 City or town Oxford
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, Institution, or street address where death occurred:
 How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Oxford Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wilkesman St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Wesley Wright

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE: Years 77 Months Days If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

45-

N.H. Neirner

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 45 at 5:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Cachexia

Due to

arterio-sclerotic

Due to

gangrene feet.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address..... Date signed.....

RECEIVED
JUN 22 1965
BUREAU V.A.